

Los Cabos Mexican Restaurant
4141 Hackberry Cross Rd.
Mempho. In. 38125
"on Reimises"



Shelby County Beer Board

150 Washington Avenue • Suite 200 • Memphis, Tennessee 38103

Merrick Horne, Chairman

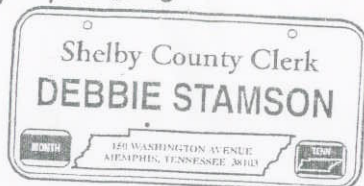
109003587 Beer Sophia Atkins Diane George Jewel Jordan LaRita Mitchell 109003061 Bus

BEER PERMIT APPLICATION CHECK LIST

	Initial	Date
1. Business Tax License	PC	7-13-9
2. Certificate of Registration	PC	7-13-9
3. Certificate of Resale <i>Bring</i>		
4. Employee Background Check <i>owner + 1 emp.</i>	PC	7-13-9
5. Engineering Survey	PC	7-13-9
6. Food Permit <i>Bring orig.</i>	PC	7-13-9
7. Leasehold Interest	PC	7-13-9
8. Menu <i>Need copy</i>		
9. Publication Notice	NA	NA
10. Use & Occupancy Permit	PC	7-13-9
11. Board Members Approval		
12. 2nd Members Approval		
13. Attorney's Approval		

Remarks: *Need copy of Menu, food permit. Cert of Resale.*
Verify Emp. is legal to Sell/Serve.

10900 5587



SHELBY COUNTY CLERK'S OFFICE

DEBBIE STAMSON, COUNTY CLERK
BUSINESS TAX DIVISION
 150 WASHINGTON AVE. • SUITE 200 • MEMPHIS, TN 38103
 PHONE (901) 545-4249 • FAX (901) 545-4215

25600

SHELBY COUNTY BEER PERMIT APPLICATION

STATE OF TENNESSEE

COUNTY OF SHELBY

☒ ON PREMISES PERMIT☐ OFF PREMISES PERMIT☐ ON AND OFF PREMISES PERMIT☐ SPECIAL EVENTS PERMIT

FOR OFFICE USE ONLY

OPENING DATE

FILING DATE

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER OR OTHER BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED OR DISTRIBUTED UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED 57-5-101 *et seq.*, AND BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

- Full name of applicant (owner of business) MARCO A. GASCA
- Are you making application for yourself or as an agent for a corporation, etc.? PARTNERSHIP
- Type of applicant (check one): ☒ Person ☐ Firm ☐ Corporation ☐ Joint-stock Company
☐ Syndicate ☐ Association ☐ LLC ☐ Other
- Give the name and address of all persons, firms, corporations, joint-stock companies, syndicates or associations who own 5% or more of the business (use additional sheet if necessary) Abel Zabala / 2654 Green Hollow Memphis TN 38133, 4865 Cottonwood Rd Memphis TN 38118
 If the owner is an individual, answer questions 5, 6 and 7. Otherwise, proceed to question 8.
- What is your present home address? 2654 Green Hollow Memphis TN 38133
- Previous address(es) within the last ten years (use additional sheet if necessary) Berkett TN 38134, #1000 Stratford Memphis TN 38113
- Date of birth 06-15-62 / 05-03-77 Home telephone 901 552 1000 - (901) 375-0248
- Applicant's business telephone (901) 753-8011
- Under what name will this business operate? LOS CABOS MEXICAN RESTAURANT
- Give business address and geographical location 4141 HACKS CROSS Rd MEMPHIS, TN 38125
- Name and address of person to receive annual tax notices and any other communication MARCO A. GASCA and Abel Zabala / 2654 Green Hollow Memphis TN / 4865 Cottonwood Rd
- Name and address of property owner (if other than business owner) Fasil Kebede 4141 HACKS CROSS Rd. MEMPHIS, TN 38129
- Will this permit be used to operate two or more restaurants or other businesses within the same building? (yes or no) NO. If yes, specify number _____, and list the names of all restaurants or other businesses and describe all locations (use separate sheet if necessary) _____
- Give the name, date of birth, and address of any manager other than the applicant Abel Zabala 4865 Cottonwood Rd MEMPHIS, TN 38118 05-03-77
- Has any person who owns five percent (5%) or more of the business, any manager listed in response to question 14 above, or any other employee of the business, been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the past ten (10) years? NO. If yes, give the particulars of each charge, the court, and the date convicted. _____

16. Have you, your business, or any person who owns five percent (5%) or more of the business, ever had a beer permit revoked, suspended or denied in the State of Tennessee? NO If yes, specify where, when and why _____

17. Give the name, relationship to the applicant (if applicable) and address of the former beer permittee at this location _____

Shelby County has adopted a rule forbidding the sale, storage or manufacture of beer or like beverages within 1,000 feet of a church, school or place of public gathering for "ON" premise establishments where food sales consist of less than 50% of the gross sales.

18. What percentage of gross sales will be food sales? 25%

19. Give the name and address of the church or other place of worship nearest to your business _____

4325 HACKSS CROSS Rd
Memphis TN 38125

20. Give the name and address of the school nearest to your business _____

7740 LOWRANCE Rd
Memphis TN 38125

I certify that this application contains true information to the best of my knowledge and belief. I am aware of my continuing obligation to amend or supplement this application promptly if a change in circumstances affects the responses provided in this application, either before or after a permit has been issued. I certify that I am knowledgeable of the laws prohibiting the sale of beer to minors. I am aware that I will not be issued a beer permit or my permit will be revoked if my business location causes traffic congestion or interferes with schools, churches or other places of public gathering, or otherwise interferes with public health, safety and morals. I will surrender to the Beer Board any permit issued under this application within fifteen (15) days of termination of the business, change in ownership, relocation of the business, or change of the business's name.

Gull
Signature of Applicant/Owner (or authorized officer)

Sworn to and subscribed before me this 08 day of JUNE, 2019.

Notary Public or Deputy Clerk

My Commission expires: _____

NOTICE: A non-refundable \$250.00 fee must accompany this application. An annual privilege tax of \$100.00 is imposed on the business of selling, distributing, storing or manufacturing beer in this State. The tax is due each January 1 and is payable to the Shelby County Clerk. This tax is prorated for new permits issued after January 1, and must be paid when the permit is issued.

ANY APPLICANT MAKING A FALSE STATEMENT IN THIS APPLICATION SHALL FORFEIT HIS OR HER PERMIT AND SHALL NOT BE ELIGIBLE TO RECEIVE ANY PERMIT FOR TEN (10) YEARS.

LOS CABOS MEXICAN RESTAURANT

4141 HACKS CROSS RD
MEMPHIS TN 38125

RECEIPT NUMBER	0200916362
LICENSE NUMBER	109003061
THIS LICENSE EXPIRES	04/01/2010

OWNER

GASCA MORENO, M & ZABALA, A

BUSINESS LOCATION ADDRESS

4141 HACKS CROSS RD

MUST DISPLAY IN A CONSPICUOUS
PLACE

RECEIPT NUMBER	0200916362
LICENSE NUMBER	109003061
CLASSIFICATION	2G NL

TAX PERIOD	
FROM	
TO	04/01/2009

THIS LICENSE EXPIRES 04/01/2010

ISSUE DATE 06/05/2009

Debbie Stanson
DEBBIE STAMSON, COUNTY CLERK
AROSS
DEPUTY CLERK

	CITY	COUNTY
TOTAL GROSS SALES	0.00	0.00
LESS DEDUCTIONS		
TAXABLE GROSS SALES	0.00	0.00
RETAIL		
WHOLESALE		
BUSINESS TAX DUE		
LESS CREDITS		
MINIMUM TAX		15.00
PENALTY		
INTEREST		
RECORDING FEE		9.00
TOTAL TAX DUE		24.00
COMBINED TOTAL		\$24.00



Memphis and Shelby County
Office of Construction Code Enforcement

9465 MULLINS STATION MEMPHIS, TENNESSEE 38134

Certificate of Occupancy

Permit No. **B1015647**

THE PREMISE KNOWN AS
4141 HACKS CROSS RD CNTY 101-102

IS HEREBY APPROVED FOR USE AND OCCUPANCY AS
LOS CABOS

AND IS GOVERNED BY THE REGULATIONS SET FORTH AND KNOWN AS THE
MEMPHIS AND SHELBY COUNTY ZONING ORDINANCE RESOLUTION AND
MEMPHIS AND SHELBY COUNTY BUILDING CODES

ZONING **AG(PD)** FIRE DISTRICT **O** N

TYPE CONSTRUCTION

MAXIMUM ALLOWABLE FLOOR LOAD **0**

SPECIAL STIPULATIONS AND CONDITIONS

TENANT/OCCUPANT: **LOS CABOS /**

OWNER: **FASCIL KEBEDE**

CONTRACTOR:

ARCHITECT:

**THIS CERTIFICATE SHALL BE POSTED IN
A CONSPICUOUS LOCATION.**

MEMPHIS AND SHELBY COUNTY OFFICE
OF CONSTRUCTION CODE ENFORCEMENT

6465 MULLINS STATION ROAD
MEMPHIS, TN 38134

BUILDING OFFICIAL

ISSUED BY RWILLIAMS 06/18/2009

100

MAXIMUM CAPACITY

LOS CABOS
4141 HACKS CROSS RD#101-102

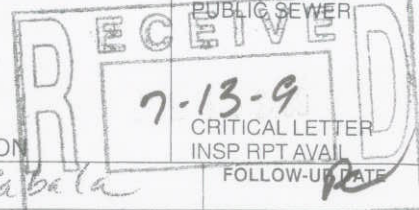
MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL SANITATION

814 JEFFERSON AVENUE
MEMPHIS, TN 38105
901-544-7757

RETAIL FOOD ESTABLISHMENT INSPECTION

PERMIT POSTED
CORRECT FEE
PUBLIC WATER
PUBLIC SEWER



CRITICAL LETTER
INSP RPT AVAILABLE
FOLLOW-UP DATE

LAST INSP DATE

REGULAR ☐
FOLLOW-UP ☐
COMPLAINT ☐
CONSULTATION ☐
INVESTIGATION ☐
OTHER ☐
NEW ☐
CHANGE ☐
FOLLOWUP REQD ☐
MFG/WH/GD ☐ F S

ESTABLISHMENT

ADDRESS

OWNER

CITY

ZIP

Gas Cabos
4711 Hackle Cross = Ste 102 Memphis
605-01

ENV. NO.	CLIENT #	ESTAB. NO.	INSP. DATE	INSP. LENGTH	CO. #	NO. SEATS	SEIZE/HOLD	TOB	EGGS CANDLED
0291	20	209161	07/10/09	0:40	79	100			
0 0 0 0	0	0 0 0 0 0 0	0 0 0 0 0 0	0 0	0 0	0 0 0 0	0 0 0	0 0	0 0 0 0
1 1 1 1	1	1 1 1 1 1 1	1 1 1 1 1 1	1 1	1 1	1 1 1 1	1 1 1	1 1	1 1 1 1
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9 9 9 9		9 9 9 9 9 9	9 9 9 9 9 9	9 9	9 9	9 9 9 9	9 9 9	9 9	9 9 9 9

ITEM	DESCRIPTION	WT.
FOOD		
*01	Source <input type="checkbox"/> sound condition <input type="checkbox"/> no spoilage <input type="checkbox"/>	5
02	Original container, properly labeled	1
FOOD PROTECTION		
*03	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transportation	5
*04	Facilities to maintain product temperature	4
05	Thermometers provided and conspicuous, accurate	1
06	Potentially hazardous food properly thawed	2
*07	Cross-contamination prevented: damaged food segregated <input type="checkbox"/> Unwrapped <input type="checkbox"/> potentially hazardous food not re-served <input type="checkbox"/>	4
08	Food protection during storage, preparation, display, service, transportation	2
09	Handling of food (ice) minimized	2
10	In use food (ice) dispensing utensils properly stored	1
PERSONNEL		
*11	Personnel with infections restricted	5
*12	Hands washed and clean, good hygienic practices	5
13	Clean clothes, hair restraints	1
FOOD EQUIPMENT & UTENSILS		
14	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	2
15	Non-food contact surfaces: designed, constructed, maintained, installed, located	1
16	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	2
17	Accurate thermometers, and chemical test kit(s) provided, gauge cock (1/4" IPS Valve)	1
18	Pre-flushed, scraped, soaked	1
19	Wash, rinse water: clean, proper temperature	2
*20	Sanitation rinse: clean, temperature, concentration, time. Equipment, utensils sanitized Manual <input type="checkbox"/> Mechanical <input type="checkbox"/>	4
21	Wiping cloths: clean, use restricted	1
22	Food-contact surfaces of equipment and utensils clean, free of abrasives, detergents	2
23	Non-food contact surfaces of equipment and utensils clean	1
24	Storage, handling of clean equipment, utensils	1
25	Single-service articles, storage, dispensing	1
26	No re-use of single service articles	2
WATER		
*27	Source: safe <input type="checkbox"/> hot & cold under pressure <input type="checkbox"/>	5

ITEM	DESCRIPTION	WT.
SEWAGE		
*28	Sewage and waste water disposal	4
PLUMBING		
29	Installed, maintained	1
*30	Cross-connection, back siphonage, backflow	5
TOILET & HANDWASHING FACILITIES		
*31	Number <input type="checkbox"/> convenient <input type="checkbox"/> accessible <input type="checkbox"/> designed <input type="checkbox"/> installed <input type="checkbox"/>	4
32	Toilet rooms: enclosed, self-closing doors. Fixtures: good repair, clean. Tissue, hand cleanser, sanitary towels/hand-drying devices and proper waste receptacles	2
GARBAGE & REFUSE DISPOSAL		
33	Containers or receptacles: covered, adequate number, insect/rodent resistant, pick-up frequency, clean	2
34	Outside storage area and enclosures: properly constructed, clean; controlled incineration	1
INSECT, RODENT, ANIMAL CONTROL		
*35	Presence of insects <input type="checkbox"/> rodents <input type="checkbox"/> outer openings protected <input type="checkbox"/> no birds, turtles, other animals <input type="checkbox"/>	4
FLOORS, WALLS & CEILINGS		
36	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods	1
37	Walls, ceilings: attached equipment, constructed, clean surfaces, good repair, dustless cleaning methods	1
LIGHTING		
38	Lighting provided as required. Fixtures shielded	1
VENTILATION		
39	Rooms and equipment-vented as required	1
DRESSING ROOMS		
40	Rooms clean, lockers provided, facilities clean, located	1
OTHER OPERATIONS		
*41	Toxic items: properly stored <input type="checkbox"/> labeled <input type="checkbox"/> used <input type="checkbox"/> displayed <input type="checkbox"/>	5
42	Premises maintained free of litter, unnecessary articles, cleaning, maintenance equipment properly stored. Authorized personnel	1
43	Complete separation from living/sleeping quarters, laundry	1
44	Clean, soiled linen properly stored	1
Followup completed on this date		
Y N Certified Manager		

Failure to correct any violations of critical item(s) within ten (10) days may result in suspension of your establishment permit. Repeated violation of identical critical item category may result in revocation of your establishment permit. Item(s) identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to frame and post the establishment permit in a conspicuous manner and to keep this inspection report available at this facility for public disclosure to any person who requests to review it. You have the right to request a hearing regarding this report by filing a written request with the Director/Commissioner within ten (10) days of the date of this report. T.C.A. Sections 68-14-305, 68-14-307, 68-14-308, 68-14-317, 68-14-318, and 4-5-320.

TGA 538-207, 209, 210, 212, 216, 217.

INSPECTOR

RECEIVED BY

TITLE

TIME IN/OUT

DATE

ESTABLISHMENT COPY

* = IDENTIFIES CRITICAL ITEMS

SCORE	0	1	2	3	4	5
0 0 0	1	1	1	2	2	2
1 1 1	3	3	3	4	4	4
2 2 2	5	5	5	6	6	6
3 3 3	7	7	7	8	8	8
4 4 4	9	9	9	10	10	10

TENNESSEE DEPARTMENT OF HEALTH - INVOICE



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
GENERAL ENVIRONMENTAL HEALTH
PO BOX 23090
NASHVILLE, TN 37202

INVOICE

STATEMENT OF ACCOUNT

ESTABLISHMENT NUMBER: 209161
MARCO GASCA & ABEL ZABALA
4141 HACKS CROSS RD STE 101&102
MEMPHIS TN 38125

RPT AREA: 605 COUNTY: SHELBY
LOS CABOS
4141 HACKS CROSS RD STE 101&102
MEMPHIS TN 38125

DATE	INVOICE #	FEE DESCRIPTION	AMT	BALANCE
06/03/2009	00394180	Commercial Food - 51+ Seats (Hazardous)	\$360.00	\$360.00
06/03/2009	00394180	Regular Adjustment: fees for FY 2008 - 2009 prorated rate	\$180.00	\$180.00
06/03/2009	00394180	Regular Adjustment: Reverse Fee SHOULD BE 1/2 YEAR FEE	(\$180.00)	(\$180.00)
06/03/2009	00394180	Regular Adjustment: 1/2 YEAR FEE	(\$180.00)	(\$180.00)
DATE	TRANSACTION #	PAYMENT DESCRIPTION	AMT	BALANCE
06/03/2009	000394180	Cash - Name: CD No.: HD018562	(\$540.00)	(\$540.00)
06/03/2009	000394180	Adjustment - Name: CD No.: HD018562	((\$360.00))	((\$360.00))
PAYMENT MUST BE RECEIVED ON OR BEFORE 07/02/2009				\$ 0.00

MAKE FEES PAYABLE TO: STATE OF TENNESSEE

PLEASE REMIT BY PERSONAL CHECK, CASHIER'S CHECK, CERTIFIED CHECK, OR MONEY ORDER.
PLEASE RETURN INVOICE WITH PAYMENT

THE DIVISION IS NOT RESPONSIBLE FOR CASH ENCLOSED IN THE LETTER.
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT YOUR
COUNTY HEALTH DEPARTMENT ENVIRONMENTALIST

(PLEASE DISREGARD IF YOU HAVE ALREADY PAID THIS INVOICE)

MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL SANITATION

814 JEFFERSON AVENUE
MEMPHIS, TN 38105
901-544-7757

RETAIL FOOD ESTABLISHMENT INSPECTION

PERMIT POSTED
CORRECT FEE
PUBLIC WATER
PUBLIC SEWER

CRITICAL LETTER
INSP RPT AVAIL

FOLLOW-UP DATE

LAST INSP DATE

REGULAR ☐
FOLLOW-UP ☐
COMPLAINT ☐
CONSULTATION ☐
INVESTIGATION ☐
OTHER ☐
NEW ☐
CHANGE ☐
FOLLOWUP REQD ☐
MFG/WH/GD ☐ F S

ESTABLISHMENT

ADDRESS

OWNER

CITY

ZIP

245 Cabos
4111 Hackle Cross St/102 Memphis 38125
605-01

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1 1 1 1	1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1	1 1	1 1 1 1	1 1 1	1 1	1 1 1 1
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Followup completed on this date		
Y N Certified Manager		

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INSPECTOR: [Signature] RECEIVED BY: [Signature] TITLE: [Signature]
TIME IN/OUT: 7:25 / 1:05 DATE: 07-10-09

SCORE	0	0	0	0
	1	1	1	1
	2	2	2	2
	3	3	3	3
	4	4	4	4
	5	5	5	5
	6	6	6	6
	7	7	7	7
	8	8	8	8
	9	9	9	9

ESTABLISHMENT COPY

* = IDENTIFIES CRITICAL ITEMS